

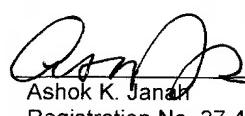
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Grimbergen et al. Application No: 09/595,778 Confirmation No: 6490 Filed: June 16, 2000 Title: APPARATUS AND METHOD FOR MONITORING PROCESSING OF A SUBSTRATE	Group Art Unit: 1763 Examiner: Allan W. Olsen Attorney Docket No: 002077 USA D01/ETCH/SILICON/MDD September 16, 2008 San Francisco, California 94107
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Commissioner for Patents VIA ELECTRONIC FILING	Extension of Time		
<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			
Papers Enclosed <input checked="" type="checkbox"/> Response to Notice of Non-Compliant Amendment <input type="checkbox"/> Declaration <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months) <input type="checkbox"/> One Month <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months	Extension Fee	
		Large Entity	Small Entity
		\$120.00	\$60.00
	\$460.00	\$230.00	
	\$1,050.00	\$525.00	
Total \$ 0.00			
<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	25	89	0	\$50.00	\$25.00	\$0.00
Independent Claims	2	12	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
						Total \$0.00

Fee Payment		Fee Deficiency
Extension Fees	\$0.00	<input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or
Fees for Extra Claims	\$0.00	<input type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Total	\$0.00	

<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of <u>\$0.00</u> .	Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please send correspondence to: Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107
CERTIFICATE OF TRANSMISSION I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent Office at (571) 273-8300, or filed electronically via EFS on the date shown below.	
By:  Leslie Mills	Date: September 16, 2008
By:  Ashok K. Janah Registration No. 37,487	
Date: September 16, 2008	